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THE NATIONAL MENTAL HEALTH PROGRAM 1

-A PROGRESS REPORT-

By Robert H. Felix, Chief, Mental Hygiene Division, Public Health Service

A year ago the State mental health authorities met with the State and Territorial health officers for the first time to discuss ways of working together to improve the mental health of the Nation. By that time Congress had passed the National Mental Health Act, but there were no funds to implement it and that meeting was confined largely to a discussion of plans for carrying out the provisions of the Act when funds were appropriated.

Today, less than 5 months after funds became available to put the Act into operation, a vigorous, nationwide mental health program has been initiated, thanks to the enthusiastic participation of the State authorities and other interested organizations and individuals. This presentation is essentially a progress report of your mental health programs—of what has been accomplished by the States in implementing the plans envisaged at the last meeting.²

STATE MENTAL HEALTH AUTHORITIES

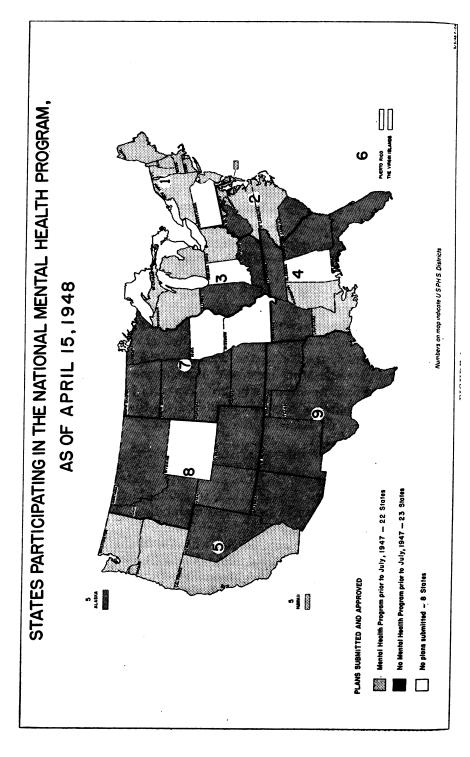
To begin with, in July 1947 Congress appropriated \$3,000,000 for grants-in-aid to States to assist them in establishing and improving the mental health services in their communities. Each State was asked to designate a State mental health authority, the one agency with which the Public Health Service will deal in this program. All States have now done so. In 32 States and Territories the mental health authority is the State health department. In others it is the department of welfare, of institutions, of mental hygiene, or some other State agency.

To receive a grant the State mental health authority must submit a plan and budget, covering the entire State, for approval by the Surgeon General. To date, 42 States and Territories 3 have submitted plans which have been approved by the Surgeon General (see figure 1). Of these, 21 had no State mental health program prior to July 1947.

¹ Presented at the State and Territorial health officers meeting Washington, D. C., December 2, 1947.

² Corrected to January 1, 1948.

^{\$ 45} States and territories as of April 15, as shown in figure 1.



STATE PLANS

As is to be expected, the mental health programs planned by the various States differ widely, depending upon the degree of development of mental health services in a State prior to the Act, the availability of personnel, the accessibility of teaching centers, and many other factors. Despite the disparity among States, most of the plans submitted contained provisions for all or some of the following mental health activities: Central administrative services; training; clinics; professional services; and preventive and educational activities (see figure 2).

Central Administrative Services

Thirty-five States and Territories have provided for central administrative services. These include such activities as development and maintenance of a roster of mental health facilities (28 States) and of the mentally handicapped (18 States); inspection and licensing of hospitals and other mental health facilities (14 States); and studies of special problems related to mental health (30 States).

Training

The dearth of mental health facilities in many sections of the country is due in large part not only to the nation-wide shortage of trained mental health personnel but also to their unequal distribution, since most of them are concentrated, by and large, in metropolitan centers.

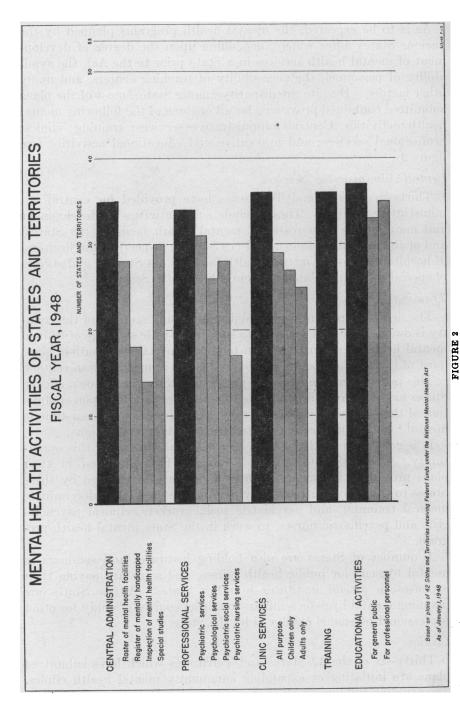
This problem can be solved in part through the States' own efforts. States may use grant-in-aid funds to train persons who, upon completion of their training, will spend a substantial portion of their time in mental health activities not related to patients in institutions.

It is good to note that States are taking advantage of this opportunity. Thirty-six States and Territories have included in their plans provisions for such training. Funds are being used by these States to train psychiatrists (they may not be used for undergraduate medical training), and psychiatric social workers, clinical psychologists and psychiatric nurses, to work in the State mental health program.

A number of States are also holding institutes and seminars in mental hygiene for public health nurses, and some are paying their expenses to attend institutes in other States. A few States are planning mental hygiene seminars and brief courses of study for other professional personnel employed by the State.

Clinics

Thirty-six of the 42 States and Territories which have submitted plans are initiating or expanding community mental health clinics. Twenty-nine will furnish all-purpose clinics available to every segment of the population; 27, clinics for children; and 25, clinics for adults.



A few of the specialized clinics (for children or adults) will furnish only diagnostic and consultative services.

The auspices under which clinics will operate vary. Many of the States are organizing clinics under the State health department or some other State agency. Some are conducting clinics under the auspices of their State hospital. A few aim to make mental health services more widely available by subsidizing private non-profit clinics.

Since the scope and functions of a clinic were described in some detail last year, they will not be repeated here. It should be reiterated, however, that the success of a clinic depends upon the active support of the community; therefore, the cooperation of mental hygiene societies and other community groups, as well as of public and professional organizations, should be obtained in planning for and sponsoring a clinic.

Professional Services

While clinics are a necessary part of a mental health program, they are by no means the most important element. Moreover, the operation of a clinic requires more trained personnel than many States can muster at this time. To make the widest use of the limited personnel available, 34 States and Territories are using Federal funds to employ mental health personnel who can serve, either part-time or full-time, in a consultant, supervisory, or service capacity to State and community health and welfare agencies. Thirty-one States and Territories plan to provide psychiatric service; 26, psychological service; 28, psychiatric social service; 17, psychiatric nursing service. A number of States plan to provide direct mental health services to patients by a public health nurse.

Preventive and Educational Activities

Education of the public to the facts of mental health and mental illness is essential to the success of a mental health program. State and local health and welfare agencies can do much to disseminate these facts. They can also help by cooperating with their State and local mental hygiene societies and other interested citizen groups in their educational campaigns.

It is encouraging to note that 37 States and Territories have included in their plans provisions for preventive and educational activities. These include mental health programs in schools, college and community groups, such as parent-teacher associations, women's clubs, and civic organizations; the education of mothers to mental health principles in pre-natal and well-baby clinics; institutes for public health nurses, teachers, social workers, ministers, probation officers, and others who deal with people in a professional capacity; and dissemination of mental health information to the general public.

BUDGETS 4

The total amount budgeted by the States thus far for these mental health activities is \$1,965,519 (see figure 3). Sixty-two percent of the funds in the approved budgets have been allocated by the States for mental health activities to be carried on directly by the State mental health authorities. These include 42 percent for clinics, 17 percent for professional services, 2 percent for central administration, and 1 percent for preventive and educational activities.

Twenty-four percent of the approved budgets have been allocated for mental health activities financially supported, but not directly operated, by the State mental health authority. These include 20 percent for clinics, 2 percent for professional services, and 2 percent for preventive and educational activities. And 14 percent has been allocated for the training of personnel to work in the State and community mental health programs.

THREE STATE PROGRAMS

To give a concrete picture of the various ways in which grant-in-aid funds are being used, a brief summary is presented of three State programs: Virginia, California, and Montana.

Virginia has set up a comprehensive program for a State-wide system of mental health services. The State has been divided into 13 areas, in each of which at least one mental hygiene clinic will be located. A psychiatrist and a psychologist will serve two or three clinics, traveling from one area to another, while a psychiatric social worker will remain in each area to act as case consultant to local agencies, in addition to carrying the case-load of the clinic. Statistical reports from each clinic will be sent to a central office where a roster of patients will be kept.

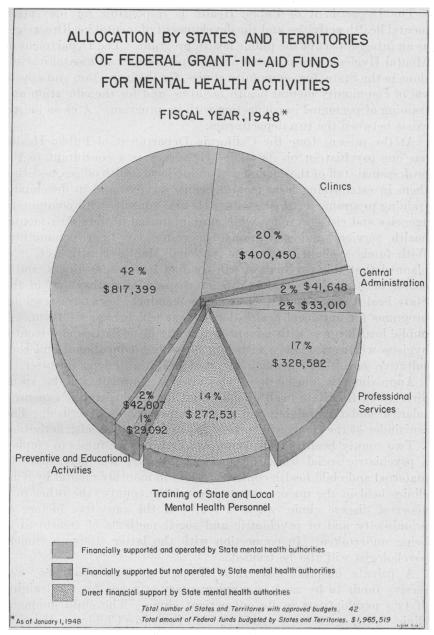
As the need becomes apparent and as personnel become available the clinic team's will be both enlarged and increased in number, with possibly 75 clinics as the eventual goal. Local participation, financial and otherwise, is required in the operation of area programs.

At the present time Virginia is conducting nine mental hygiene clinics, two of which are part-time, under the auspices of the State hospital system. Federal funds will be used this year to expand the clinics now in operation and to support the establishment of two new ones. The State hopes to increase its mental health staff to 29—4 psychiatrists, 9 psychiatric social workers, 5 psychologists, and 11 clerical workers.

A small amount of the allotment will be used for central administrative activities, including the maintenance of a roster of the mentally handicapped and of the mental health resources in the State, and the licensing of mental health facilities.

⁴ Corrected to January 1, 1948.

This plan represents the initial steps in a continuing, long-range program covering the entire State. The program is centrally controlled, the State mental health authority having direct supervision over the various out-patient clinics and services within the State.



In contrast to Virginia's program is that of California. Mental health activities in California are conducted by two State agencies, the Department of Mental Hygiene and the Department of Public Health. The latter has been designated as the State mental health authority.

The Department of Public Health is responsible for preventive mental health activities and the development of mental health services as an integral part of the public health program. The Department of Mental Hygiene is responsible for the operation of all mental institutions in the State, for community clinics, for the inspection and approval of community mental health facilities, and for the education and training of personnel in connection with its program. A close liaison exists between the two departments.

At the present time the California Department of Public Health has one psychiatrist on its staff. He serves as a consultant to the professional staff of the department and to local health offices, assisting them in establishing local mental health services and in developing training programs for their staffs. He also consults with community agencies and citizen groups which are interested in obtaining mental health services and educational programs for their community. With funds available under the National Mental Health Act, it is planned that this psychiatrist will conduct lectures, seminars, and a course of study in mental health for the administrative staff of the State health department. He will also conduct short-term teaching programs for any local health department which requests them. A public health nurse with advanced training in pediatrics and mental hygiene will work closely with him, providing educational and consultative services to the nursing staff of local health departments.

Approximately one-sixth of California's allotment will be spent directly by the State health department for administrative expenses, salaries, and the training and consultative services described. The remainder of the funds will be used for local mental health activities.

Two county health departments will each receive funds to employ a psychiatric social worker. One social worker will participate in maternal and child health conferences and in monthly mental hygiene clinics held in the major communities of the county; the other in a venereal disease clinic, where a study of the causative factors of promiscuity and of psychiatric and social methods of treatment is being undertaken. In connection with the latter study, a clinical psychologist will also be trained.

A private hospital, Mt. Zion Hospital of San Francisco, will receive funds to be used as supplementary stipends for the training of two psychiatrists in its out-patient clinic. The child guidance clinics in Orange County and in the San Francisco Children's Hospital will each receive funds to employ a psychiatric social worker. And

the Los Angeles Psychiatric Service, a non-profit clinic for adults sponsored by the Community Chest, will receive funds to employ a half-time psychiatrist and to train two psychiatric social workers and two clinical psychologists.

The Department of Mental Hygiene will also receive funds from the State mental health authority to extend its out-patient services. Funds will be used, in addition to travel and operating expenses, to employ four psychiatrists, two clinical psychologists, three psychiatric social workers, and four clerks. These persons will be employed in the central office at Sacramento, the out-patient clinics of two State hospitals, the State home for mental defectives, and a new out-patient clinic in Berkeley. In addition, supplementary stipends will be given for the training of seven psychiatric residents at the Langley Porter Clinic in San Francisco.

California, then, is a State which has a number of mental health clinics not under the direct supervision of the State mental health authority, and which plans to use most of its funds for the support of these clinics. It also offers a good example of the type of cooperation that can exist among agencies in promoting better mental health for its citizens.

Montana has approached its mental health program in a third way. Until now, Montana has had no mental health services whatsoever outside of the State hospital. It plans to use Federal funds to inaugurate a traveling clinic, with headquarters at the Montana State Hospital, which will make bimonthly visits to 5 cities, in each of which a psychiatric social worker will be permanently situated. The traveling clinic staff will consist of three part-time psychiatrists, a psychiatric social work consultant, and a clerk. An out-patient department at the State hospital will also be established.

The Montana plan includes provision also for the training of a physician in psychiatry, a clinical psychologist, and a psychiatric social worker; for professional consultation services; for the establishment of a register of psychiatric patients; and for mental health education of lay and professional groups.

This plan represents a promising beginning for a State which has had no out-patient psychiatric clinics. The use of traveling clinics is one of the best means of bringing mental health services to as many people as possible, particularly in States with a widely dispersed population.

Each of the three programs is designed to meet the needs peculiar to the particular State. A State can benefit, of course, from the experience of others, but in the last analysis, it must survey its own needs and work out an aggressive program to meet these needs, both in terms of what can be done immediately with the resources at hand and what can and should be done on a long-term basis.

TRAINING AND RESEARCH

A report on the national mental health program would not be complete without informing you on the progress of its other facets—the research and training programs. At the time that \$3,000,000 was appropriated for grants-in-aid to States, \$1,500,000 was appropriated for training and research in the field of mental health. Approximately \$1,100,000 of this sum was set aside for training grants and stipends and the remainder for research grants and fellowships.

Training.5—For the 1948 fiscal year, 59 grants were awarded to universities, hospitals, clinics and other teaching centers to improve and expand their training facilities, upon recommendation of the National Advisory Mental Health Council. Twenty-two of the grants were for training in psychiatry, 18 in clinical psychology, 10 in psychiatric social work, and 9 in psychiatric nursing.

In addition, 227 stipends were awarded, through institutions collaborating in the training program, to graduate students in the four mental health specialty fields: 82 in psychiatry, 41 in clinical psychology, 46 in psychiatric social work, and 58 in psychiatric nursing.

By expanding and improving existing training centers, stimulating potential ones, and encouraging qualified students to enter the field, it is hoped that the acute shortage of personnel will eventually be met.

Research.⁵—To date, 130 requests for research grants have been submitted. Thirty-nine were approved by the Council, of which it was possible to award 32. The approved projects range from investigations in biochemistry, neurophysiology, and neuropathology, through studies on epilepsy, schizophrenia, child psychiatry, and psychosomatic medicine, to methods of psychotherapy and mental hygiene techniques. Twenty-four fellowships have also been awarded to advanced students who have completed their professional training to conduct research in the field of mental health.

Since the last meeting of this group, Congress appropriated \$850,000 for the purchase of a site and the drawing of plans and specifications for the National Institute of Mental Health, which will be consolidated with the new Institute of Health. Plans for its construction are well under way.

Intensive research into the causes, treatment, and prevention of mental illness, now made possible by the National Mental Health Act, offers new hope that answers to the problem of mental illness may yet be found.

CONCLUSION

As one takes stock of the accomplishments achieved by the States in the 5 months since funds became available to launch the national

Corrected to January 1, 1948.

mental health program, one is deeply impressed by the ingenuity and resourcefulness of the States in developing mental health services, many in places heretofore barren of them, to meet the mental health needs of the people.

But there is yet much to be done. Many of the activities made possible under the National Mental Health Act will not be realized for some time to come, but it is necessary to plan for the future as well as to deal with the realities of today. It is not possible to furnish mental health services in many instances because of personnel limitations. That is why a training program is necessary. It is not possible to prevent or adequately treat all types of mental illness with the knowledge we now possess. That is why a research program is necessary. It is not possible to use the knowledge we now possess unless funds are available to apply to it. That is why a State grant-in-aid program is necessary.

The desired goals cannot be reached at once. But real success can be obtained, as it has been in other public health programs. It will depend on the type of teamwork which has proved so effective in other fields of public health—on the cooperation and participation of States and communities, and of organizations and individuals interested in the mental health of the people.

STUDIES OF THE ACUTE DIARRHEAL DISEASES

XXI. Salmonellosis in Florida 1

By MILDRED M. GALTON, Bacteriologist, and Albert V. Hardy, 2 Director, Bureau of Laboratories, Florida State Board of Health

Five years of observation on the occurrence of salmonellosis in Florida have been completed. In all there have been 746 isolations of 48 types, exclusive of *S. typhi*. The findings are summarized to aid in providing more adequate knowledge of the prevalence and distribution of these infections.

MATERIALS AND METHODS

Most of our information is the result of detailed bacteriological studies of specimens submitted routinely to a public health diagnostic laboratory. During the years 1942 through 1946 a total of 81,174 fecal specimens were examined by culture. At least 85 percent of these were submitted by food-handlers. The remainder were from individuals suspected of having enteric infections and from contacts examined in the course of infrequent epidemiological studies.

¹ From the Bureau of Laboratories, Florida State Board of Health.

Formerly, Surgeon (R) Public Health Service.

The bacteriological methods have been modified as we sought to select highly effective procedures practicable for use in a diagnostic laboratory handling a large volume of work. The results obtained through the use of Kauffmann's combined enrichment method have been reported for the first 9 months during which it was used (1). In the Central Laboratory, during 1944, 1945, and 8 months of 1946, the relative efficacy of four procedures was compared. The results, given in table 1, emphasize the superiority of the enrichment methods. Of 451 Salmonella isolations, 252 (56 percent) were found only on cultures transferred from the tetrathionate brilliant-green broth

Table 1.—The relative efficacy of varying cultural procedures for the isolation of Salmonella (exclusive of S. typhi) from fecal specimens submitted in glycerine-saline preservative, Florida, 1944, 1945 and 8 months of 1946

Laboratory procedure	Total isola- tions	Isolations by one procedure only	Isolations by direct streak or enrichment only
Direct streak to S. S. agar Direct streak to Wilson-Blair agar Enrichment ¹ to S. S. agar Enrichment ¹ to brilliant-green agar	85 170 281 392 451	2 10 21 73 106	} 12 } 252

¹ Tetrathionate brilliant-green bile broth.

enrichment. Furthermore, of the total isolations, the transfers from enrichment to the brilliant-green agar resulted in 392 positives, while transfers from the same broth to S. S. agar gave only 281 positives. The enrichment procedure yielded all but 12 of the total positives found. Direct streaking from the specimens in glycerine saline to S. S. agar was relatively ineffective for the isolation of Salmonella. Only 85 (19 percent) of the 451 positive specimens were found positive by this procedure, and in only two specimens was the isolation obtained from S. S. agar alone. The direct inoculation of the Wilson-Blair medium was more effective, but only 10 positives were found by this procedure which were not found by enrichment.

The serological studies have been made with serums and cultures provided by Dr. P. R. Edwards and, later, with the "Salmonella typing kit" distributed by the Army Medical School. During the early months of this study, all cultures presumably Salmonella (exclusive of S. typhi) were sent to Dr. Edwards for final identification. Throughout the entire study he has guided and assisted generously. The accepted technics for identification of Salmonella by antigenic analysis have been used throughout.

SALMONELLA TYPES ISOLATED

Of the 81,174 fecal specimens submitted for culture during the 5-year period, 510 were positive for S. typhi and 746 were positive for other types of Salmonella. These latter included 48 types distributed

in all groups except A as shown in table 2. The types found to occur most frequently in Florida were: S. anatum (14.4 percent of all), S. derby (9.6 percent), S. oranienburg (8.8 percent), S. newport (8.9 percent), and S. typhi murium (8.0 percent). Almost all (98.5 percent) of the Salmonella isolated exclusive of S. typhi were those considered to have animals as their natural host.

Seven types not previously isolated were found. These have been described by Edwards and his associates and given the names S. florida (2), S. inverness (3), S. pensacola (4), S. miami (5), S. tallahassee, S. daytona (6), and S. luciana (7). Three of these, S. inverness,

Table 2.—Salmonella types isolated from fecal specimens in Florida, January 1942 through December 1946

Group	Туре	1942	1943	1944	1945	1946	Tota
В	S. bredeney S. derby S. saint paul	. 3	- 4 5			18	
	S. san diego S. paratyphi B S. paratyphi B var. Java	. 1	1 3	2 4	6	1 3 4	
	S. typhi-murium S. typhi-murium var. Copenhagen	. 1	9 2	14	19	19	6
Ů	S. bovis-morbificans S. bareilly S. bonariensis	2	3	6	.	. 1	1
	S. cholerae suis var. Kunzendorf S. hartford S. litchfield	2	2 2	7	1 3 2	6	1
	S. manhattanS. montevideoS. newport	1	8	16 25	3 11 20	1 7 12	4 6
	S. norwich S. oranienburg S. oregon	1		14 3 1	1 13 1 8	27 2 5	6
	S. tennessee S. tallahassee S. daytona S. gatuni				5 1	1	1
)	S. bertaS. javiana			3	3 2		
	S. panama S. miami S. pensacola	2	4	38 1	4	1 5	5
	S. butanan	3	9	21	39	1 36	10
	S. giveS. meleagridisS. newington		5 14 4	3 3 4	5 3	3 3 3	1 2 1
	S. senftenberg S. new-brunsvick		1	1	3	2	
urther groups.	S. carrau		1 1	1 1	2		3
	S. floridaS. gaminaraS. hormaechei	1	2 1	1	1	1	1 2
	S. inverness S. luciana S. madelia		1 2		1 2	2	1 3 4
	S. minnesota S. poona S. rubislaw	1 1	2	1 1	7 4	2 3 1	10
-	S. worthington			1	1	1	1
	Total	21	113	200	220	192	746
ecal specim	ens examined	3, 192	11,007	19, 153	22, 498	25, 324	81, 17

S. pensacola and S. daytona, were encountered once only. S. pensacola was isolated by a laboratory worker from himself during an acute attack of gastro-enteritis. The histories of the individuals who yielded S. inverness and S. daytona are unknown. S. luciana was isolated from three individuals, two apparently healthy food-handlers and one of unknown history. S. florida was isolated from four persons, one with acute diarrhea and three food-handlers. S. tallahassee was isolated from six persons, two with acute diarrhea, two apparently healthy food-handlers, and two of unknown history.

S. miami was the one new type which was found frequently. It was isolated 53 times, but 26 of these positives were obtained in one outbreak of gastro-enteritis involving 60 persons in Miami in May, 1944. This organism was isolated also from pickle served in a restaurant in which the affected individuals had eaten. The remaining isolations came from scattered localities. S. miami was at first thought to be serologically identical with the Japanese type, S. sendai, and was recorded as such in previous reports (1, 8). A comparative study made by Edwards and Moran (5) of the cultural and serological characteristics of the Florida strains, the Japanese strains, and two cultures described by Borman and by Seligmann revealed that the Japanese strains and the American strains are culturally, biochemically, and serologically different, although they have the same antigenic formula.

EPIDEMIOLOGICAL COMMENT

There were no epidemiological field studies; the limited data were drawn from the laboratory request slips or collected by questionnaires.

The fecal specimens examined came largely from food-handlers. Most of the isolations were from apparently healthy individuals. Follow-up examinations were submitted on individuals found positive. The data suggest that the carrier state is relatively transient. Repeat positives were uncommon and the longest period over which one individual was found to harbor one type of Salmonella (other than S. typhi) was 4.5 months.

Multiple types were occasionally found from the same individual, as for example: A food-handler was first found to be harboring Shigella paradysenteriae (Flexner). On follow-up 2 weeks later, Salmonella bredeney was isolated. At the end of the 4th week Shigella (Flexner) was again found. Specimens from this patient were negative for the next 4½ months. At this time, S. bredeney was found a second time, followed in 6 weeks by the isolation of S. anatum. The history of this patient failed to reveal any indication of intestinal disturbance during the period in which she harbored these organisms or even at any previous time.

The data on clinical cases were too limited for comment, except to note that specimens sent to aid in the diagnosis of diarrheal disease were found positive for Salmonella frequently.

Geographically the various Salmonella types were scattered widely. The evidence did not suggest that there were foci of infection with the different types.

The explanation and significance of these widely distributed infections clearly warrants detailed investigation.

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DEATHS DURING WEEK ENDED MAY 29, 1948

[From the Weekly Mortality Index, issued by the National Office of Vital Statistics]

	Week ended May 29, 1948	Corresponding week, 1947
Data for 92 large cities of the United States: Total deaths. Median for 3 prior years. Total deaths, first 22 weeks of year Deaths under 1 year of age, first 22 weeks of year Deaths under 1 year of age, first 22 weeks of year Data from industrial insurance companies:	8, 810 8, 154 212, 689 670 609 14, 881	8, 034 212, 259 674 17, 051
Policies in force Number of death claims Death claims per 1,000 policies in force, annual rate Death claims per 1,000 policies, first 22 weeks of year, annual rate	71, 072, 486 12, 697 9. 3 10. 1	67, 303, 577 9, 374 7. 3 9. 9

INCIDENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED JUNE 5. 1948

Summary

The incidence of poliomyelitis increased during the week from 138 cases last week to 149 for the current week, as compared with 52 for the 5-year (1943-47) median, 42 for the corresponding week last year (the lowest corresponding figure of the past 5 years), and 144 (the highest) reported in 1946. For the current week, only 5 States reported more than 4 cases, as follows (last week's figures in parentheses): Texas 49 (60), California 28 (14), North Carolina 17 (14), Iowa 15 (4), and Florida 5 (5). During the 3-week period May 16 to June 5, only 6 States have reported more than 9 cases each, as follows (last year's corresponding figures in parentheses): Texas 148 (12), California 66 (43), North Carolina 44 (2), Iowa 24 (2), South Dakota 19 (0), Florida 15 (7). Since March 20, average date of seasonal low incidence, a total of 879 cases has been reported, as compared with 344 (the 5-year median) reported last year, 565 in 1946, the highest corresponding figure of the past 5 years, and 282, the lowest, in 1944.

Of 23 cases of Rocky Mountain spotted fever (last week 13, 5-year median 23), no State reported more than 3 cases. The total for the country to date is 88, as compared with a 5-year median of 82, reported for the same period last year.

One case of anthrax was reported for the week, in New Jersey. No occurrence of smallpox was reported.

Other diseases above the respective median expectancies, current and cumulative, are the dysenteries (amebic, bacillary, and undefined), tularemia, and undulant fever.

Deaths recorded during the week in 92 large cities in the United States totaled 8,510, as compared with 8,914 last week, 9,108 and 9,115, respectively, for the corresponding weeks of 1947 and 1946, and a 3-year (1945–47) median of 9,108. The cumulative figure is 222,985, as compared with 223,151 for the corresponding period last year. Infant deaths totaled 658, as compared with 667 last week and a 3-year median of 648. The total to date is 15,640, as compared with 17,851 for the same period last year.

Telegraphic morbidity reports from State health officers for the week ended June 5, 1948, and comparison with corresponding week of 1947 and 5-year median

In these tables a zero indicates a definite report, while leaders imply that, although none was reported, cases may have occurred.

	D	iphthe	ria		Influer	128		Measl	es		fening ningoc	
Division and State	W end	eek led	Me- dian		eek led—	Me- dian	en	Veek ded—	Me- dian	W end	eek led-–	Me- dian
	June 5, 1948	May 31, 1947	1943 47	June 5, 1948	May 31, 1947	1943- 47		May 31, 1947	1943- 47	June 5, 1948	May 31, 1947	1943- 47
NEW ENGLAND												
Maine New Hampshire	5			1		3	1 6		1 10 1 5			1
Vermont	0	Ó	1 0]	-	. 2	1 9	4 9	4 5	0	0
Massachusetts Rhode Island	11	12	1 0			-	1, 42				0	
Connecticut	1	0	1			-	. 9					3
MIDDLE ATLANTIC	9	14	14	11	1,	5 1	4 2, 22	6 599	92	2 6	2	10
New Jersey	2	2	2	1		1	1 2, 52	7 673	72	1 5	2	6
Pennsylvania	9	8	9	(2)	(2)	(2)	2, 34	0 180	62	2	3	14
Chio	2	8	7	2		7	6 55	919	644	0	1	7
Indiana	2 7 6	4 5	7 5	1			1 1,05 2 59	1 75			2	2
Illinois Michigan 3	0	0	6				1 1, 180	6 157	503	1	2 1	16 9
Wisconsin	0	0	1	11	۱ '	4 2	2 1,560	893	1, 582	1	2	2
WESTNORTH CENTRAL Minnesota	2	2	2		١,		_ 119	601	275	0	0	0
Iowa Missouri	6	2	3				_ 139	81	109	1	0	1
	1 0	1	2 0	3]1		1 104				1 0	7 0
North Dakota South Dakota	1	Ō	Ŏ				. 41	132	28	1	0	0
Nebraska Kansas	0 3	1 5	1 5	3	2	1	2 149 - 35			1 0	0 1	1
SOUTH ATLANTIC						1	1	İ	1			
Delaware	0 5	0	0 6	3	6		869		186	0	0 1	1 2
District of Columbia.	0	0	0				. 129	10	88		1	î
Virginia West Virginia	11	5 5	5 3	156	138 27	8	3 462 2 89		364 42		2 0	7
North Carolina	4 2 1	4	9				19	110	235	0	1	1 7 2 2 0 1
South Carolina Georgia	1	7	2 2	170 5	356 1	14			173 58	0	0	0 1
Florida	2	2	2		3		215		124	0	Ō	4
EAST SOUTH CENTRAL Kentucky	9	3	2	- 1	1	١,	274	6	88	2	o	5
Tennessee	2	3 7		12	7	15	131	35	102	1	2	4
Alabama Mississippi 3	1	9	2 2 5	10	46 4	33	20 6	213 15	145	1	5 2	5 1
WEST SOUTH CENTRAL	1	1	1	1	7		"	"		-1	٦	•
Arkansas	2	4	2	27	10	9			46	0	0	1
Louisiana Oklahoma	3	5 2	3	2 27	2 34	28 28	70	27 2	31 29	1	0	3 2
Texas	17	14	25	329	329	329	1, 488	314	345	5	5	12
MOUNTAIN Montana	1	o	ol.	- 1	2	4	38	50	70	0	0	0
Idaho	0	Ō	0	2	6		47	32	29	0	0	0
Wyoming Colorado	0	0	0 6	4	2 13	14	45 501	5 49	36 148	0	0 2	0 1
New Mexico	Õ	ō	1 .		5	3	46	65	44	0	1	0
ArizonaUtah 3	2 5	1	1 .	31	49	44 2	257 549	74 4	48 94	0	0	0
Nevada	0	0	0 -						13	0	0	0
PACIFIC Washington	1	3	4			1	606	14	137	2	1	2
Oregon	0	0	0	5	8	7	415	8	104	0	1	1
California	10	11	17	11	20	20	2, 887	207	1,308	4	7	11
Total	158	165	174	824	1, 097	1,026	23, 883	7, 959	16, 130	58	55	173
22 weeks		5, 557 July 5		33, 962 2 (30th) J				142, 413 4 Lug. 30-8		1, 707 ¹ (37th)	 -	4,877 3_10
-	``	 -						 -		$\dot{-}\dot{-}$		
Total since low 1	0, 432 13	3, 123 14	4, 347 1	77, 52013	29, 915	329, 915	478, 392	165, 300 4	182, 667	2, 489	2, 854	7, 329

New York City only.
 Philadelphia only.
 Period ended earlier than Saturday.
 Dates between which the approximate low week ends. The specific date will vary from year to year.

Telegraphic morbidity reports from State health officers for the week ended June 5, 1948, and comparison with corresponding week of 1947 and 5-year median—Con.

1948, and comp	1	oliomye		T	Scarlet f		1	Smallp		Typ	hoid an	d para-
Division and State		Veek ded—	Me-		Veek ded—	Me-	W	eek led	Me- dian		eek led—	Me-
	June 5, 1948		dian 1943- 47	June 5, 1948	May 31, 1947	dian 1943– 47	June 5, 19486	May 31, 1947	1943- 47	June 5, 1948	May 31, 1947	dian 1943- 47
NEW ENGLAND			_	١,						١.		_
Maine New Hampshire		0 0	0	ı		1 (0			0
Vermont Massachusetts		0 0	0		2 1 9 9				0	6 4		0
Rhode Island		o o	0		5 1	2 1		ŏ	Ö			1 0
Connecticut	-	0 0	0	1	9 2	2 50	6 0	0	0	1	0	0
MIDDLE ATLANTIC New York	1.	2 1		▶ 18	0 170	389	0	0	0	6 2	,	
New Jersey] :	4 1	3 1	4	2 76		ŏ	ő	0			3 1
Pennsylvania	- '	0 0	1	22	2 201	230	0	0	0	3	11	3
EAST NORTH CENTRAL		ا ا							_	١.		
Ohio Indiana		3 2 2 0	1 0	21: 3				0	0	1	0	2
Illinois Michigan 3		0 2	2	9	8 5	155	0	0	1	1	5	2 2 2 0
Wisconsin			1	7- 4:				0	0	0	2 0	2
WEST NORTH CENTRAL		1 1	ď	_] "		1 1	Ĭ	Ů	Ĭ	ľ	٠
Minnesota	1 (1	1	1				0	0	0	1	1
Iowa Missouri	15	1 0	0	17 5 g		34 47	0	0	0	1 1	1	1 4
North Dakota	. 0) 0	0	4	il o	5	0	0	1 0	3	0	0
South Dakota	- 9		0	- 2	2 2	12	0	Q	0	0	Q.	0
Nebraska Kansas	4		0	18 12	3 11 2 35	22 35	0	0	0 1	0 1	0	0
SOUTH ATLANTIC					1	"			7		- 1	•
Delaware	. 9		0	. 3			0	0	0	0	0	0
Maryland 3 District of Columbia			0	1,16	25	73 8	0	0	0	1	1	1 0
Virginia	1 0	ol ól	0	19	12	36 17	O	0	Ó	2	1	1
West Virginia North Carolina	17	0	0	8 g 10	9 11	17 24	0	0	0	0	0	0
South Carolina] 0	l ol	2	3	2	16	0	0	0	6 2 6 2 6 2	2 2 2	2 2
Georgia Florida	1 5	1 2	1 3	14 4	6 3	10 3	0	8	0	6 2	2	5 2
EAST SOUTH CENTRAL	ľ	1 1	ျ	4	ľ	ಿ	୍ୟ	٧	٩	12	٩	Z
Kentucky	0		1	17	14	24	o	o	ol	0	4	1
Tennessee	0	0	0	11	16	13	Q	0	0	0	1	2
Alabama Mississippi 3	اً أ		2	5 0	8	8	0	3	0	0	0	1 2
WEST SOUTH CENTRAL	1	1 1	7		-	Ĭ	1		1	٦	7	_
Arkansas	2	0	0	5	2	5	0	. 0	0	4	4	4
Louisiana Oklahoma	4 2	0	0	2 6	2 6 1	7 10	0	0	0	5	3	5 0
Texas	49	5	· 6	19	11	45	ŏ	ŏ	ŏ	6 9	4	8
MOUNTAIN	ا				اء	ا						_
MontanaIdaho	0 2	0	0	4	9	9 16	0	0	0	0	0	0
Wyoming Colorado	0	0	0	0 2 12 3 0	2	6	0	0	0	Ö	0	0
Colorado New Mexico	2 0	0	0	12	19 8	36 4	0	0	0	1	0	1 0
Arizona	0	1	ŏ	ő	4	9	0	0	0	1	0	ŏ
Utah 3	0	0	1	8	5	13	0	0	0	Ŏ	Q.	o
Nevada	۷	۳	0	۷	0	0	0	۷	۷	0	0	0
Washington	1	o	o	17	23	23	0	э	1	o	0	1
Oregon	0 28	0	0	15	9	22	0	0	0	6 2	0	0
California	149		-11 -52	67	92	147		$\frac{0}{3}$				4
Total	1, 227	956		1, 527	1, 513	2, 844	<u>0</u>	3	<u></u> -	59	61	80
22 weeks				48, 238		85, 342	(35th)		_ -		1,085	
Deasonal low week	(11th)	Mar. 1	5-21	(32nd) Aug. 9	-15	Se	pt. 5		11th) 1	Mar. 15	-21
Total since low	879	344	344 7	70, 777	80, 871 1	23, 663	66	188	310	666	600	705

³ Period ended earlier than Saturday.
⁴ Dates between which the approximate low week ends. The specific date will vary from year to year.
⁵ Including cases reported as streptococcal infections and septic sore throat.
⁶ Including paratyphoid fever and salmonella infections reported separately, as follows: Massachusetts (salmonella infection) 4, New York (salmonella infection) 2, South Carolina 1, Georgia 1, Florida 1, Texas 1, California 1.

Telegraphic morbidity reports from State health officers for the week ended June 5, 1948, and comparison with corresponding week of 1947 and 5-year median—Con.

	W	nooping	cough	_		We	ek ende	ed June !	5, 1948		
Diminion and Gaste	Week	ended-	Me-		Dysen	tery	En-	Rocky		Ту-	Un-
Division and State	June 5, 1948	May 31, 1947	dian		Baci		- infec-	, spot-	Tula- remis		du- lant
NEW ENGLAND		1	1			_					1
Maine New Hampshire		8 1		9	-	9	-		-		.
Vermont	2	3	il 1	-1	-						ii
Massachusetts	2 2	3 10	0 10	0	-	8	- 1				i
Rhode Island		8 19 6 4	9 1		-	-	-				<u>-</u>
Connecticut	'	6 4	4 3		-	-	-				1
MIDDLE ATLANTIC New York	,	5 13:	. ,,	1 1:			1			l	ء ا
New Jersey	7.				3	1	-	1			6
Pennsylvania	4					-					3
EAST NORTH CENTRAL		1	1	1	1	1	ł		1		1
Ohio	25					-	-	1			15
Indiana	11	24	30		·	<u></u>	- 3	<u>-</u>	<u>-</u>		3 8
llinois	22 42	2 70 2 217				3	2	1	1		8
Wisconsin	36		12								4
WEST NORTH CENTRAL		1		i		1					
Minnesota	8					-					
0W8	9		17			-	.				
Missouri	6	39				-			4		1
outh Dakota	2	101									
Vebraska	12	6									2
Kansas	38	31	32			-					3
SOUTH ATLANTIC				j	l	1					
Delaware	3 5					·		2			
District of Columbia	ð	22	83 11			. 3		2			
irginia	• 58	85	85			58		3	2		1
est Virginia	10		29					2			
orth Carolina	65 89	77 204	116 71		6		(7)	1	1		
eorgia	4	29	29		ľi				1	7	1 9
lorida	21	74	26	10		1			î	5	6
EAST SOUTH CENTRAL						İ	1 1			- 1	
entucky	2 5	35	34					1	1		1
ennesseelabama	19 36	42 148	42 37	9			1	2			2
Ississippi 3	5	16	31							1	1
WEST SOUTH CENTRAL										-1	•
rkansas	30	63	13	7		14			6	- 1	
ouisiana	7	10	2	2							i
klahomaexas	30 353	41 782	15 33 0	2 33	452	120			2 -		
MOUNTAIN	333	102	330	33	402	120			6	10	12
Iontana	3	7	5						ŀ		
laho	3 7	3	8						-		
yoming	12	1	3					2			
olorado	30 9	4 24	24 8		. 4			1			7
rizona	18	53	23			46			-		
tah 3	4	6	21					1			3
evada											
PACIFIC	ا۔			- 1			- 1	- 1	l	- 1	
ashington	9 18	14 11	16 17	3			-		-		2
alifornia	73	240	240	6	6	1	i _	3 .	-	-	5
Total	1, 393	3, 601	2, 366								
		3, 001	2, 300	102	490	243	9	23	25		105
me week: 1947	3, 601 2, 366			50	316	147	4	19	37	30	90
weeks: 1948	44, 864			50 1, 667	483 7, 065	114 4, 199	7 194	23 88	20 413	52 325	⁸ 91 2, 025
1947	63, 311			1,066	6, 528	4, 242	144	82	681	804	2, 293
[edian, 1943–47 8	54, 758			681	6, 528	2, 503	193	82	387	1.015	1. 967

Period ended earlier than Saturday.
 Correction (deducted from cumulative total): Encephalitis, North Carolina, week ended May 15, 0, (instead of 1 case).
 3-year median 1945-47.

Anthrax: New Jersey, 1 case.

Alaska: Chickenpox 4, mumps 1, whooping cough 4, pneumonia 1.

Territory of Hawaii: Rabies 0, bacillary dysentery 1, measles 1, scarlet fever 4, whooping cough 12.

WEEKLY REPORTS FROM CITIES*

City reports for week ended May 29, 1948

This table lists the reports from 87 cities of more than 10,000 population distributed throughout the United States, and represents a cross section of the current urban incidence of the diseases included in the table.

**************************************	cases	, in-	Influ	lenza	80	me-	n i s	itis	Ver	Ses	and	qgnc
Division, State, and City	Diphtheria o	Encephalitis, infectious, cases	Cases	Deaths	Measles cases	Meningitis, meningococcus,	Pneumor deaths	Poliomyelitis cases	Scarlet fev cases	Smallpox cases	Typhoid and paratyphoid lever cases	Whooping cough
NEW ENGLAND												
Maine: Portland New Hampshire: Concord	0	0		0	3	0	1 3	0	1 0	0	0	
Vermont: Barre	0	0		0		0	0	0	0	0	0	
Massachusetts: Boston	4 0 0 0	0 0 0 0		0 0 0 0	297 30 9 64	0 0 0 0	9 0 0 8	0 0 0	108 4 1 7	0 0 0 0	0 0 0	3 5
Rhode Island: Providence Connecticut:	0	0		0	12	0	1	0	2	0	0	9
BridgeportHartford New Haven	0 0 0	0 0 0		0 0 0	5 11	0 0 1	0 6 0	0 0 0	1 2 4	0 0 0	0 0 0	1 6
MIDDLE ATLANTIC New York: Buffalo New York	0	0	4	0	58 1, 118	0 7	9 50	0 1	11 63	0	0	1 19
RochesterSyracuse	0	0		0	1 20	0	2 1	. 0	10 4	0	0	1 7
New Jersey: Camden Newark Trenton	0 0 0	0 0 0		0 0 0	42 510 11	0 1 0	0 1 1	0 0 0	3 5 1	0 0 0	0 0 1	6
Pennsylvania: Philadelphia Pittsburgh Reading	3 0 0	0 0 0	1	0 1 0	945 14 11	0 1 0	12 5 0	0 0 0	55 46 13	0 0 0	3 0 0	7 5 7
EAST NORTH CENTRAL	ĺ						İ					
Ohio: Cincinnati	0 0 0	0 0 0		0 0 0	119 30 19	2 3 0	5 6 0	0 0 1	11 47 2	0 0 0	0 0 0	2 5
Fort Wayne	0 0 0 0	0 0 0 0		0 0 0	5 163 4	0 0 0	0 4 0 0	0 0 0	9 5 1 0	0 0 0	0 0 0	i
Illinois: Chicago	0	0		0	247	2	24	0	36	o	0	15
Springfield Michigan: Detroit	0	0		0	715	0	3 9	0	67	0	0	12
Flint	0	0		0	9 15	0	0	0	12	0	0	2
KenoshaMilwaukeeRacineSuperior	0 0 0	0 0 0		0 0 0	57 233 26 80	0 0	0 3 0 0	0 0 0	0 14 1 0	0 0 0	0 0 0 0	3 5
WEST NORTH CENTRAL					-			-				
Minnesota: Duluth Minneapolis St. Paul Missouri:	0 0	0		0 0 0	90 11 50	0 0	0 1 4	0	0 4 1	0	0	4 6
Kansas City St. Joseph St. Louis	0 0	0	3	0	17 8 41	0 0 1	4 0 7	0 0	1 0 7	0	0	2 <u>12</u>

^{*}In some instances the figures include nonresident cases.

City reports for week ended May 29, 1948—Continued

	ses	s ii.	Influ	ienza		ne-	i a	tis	er		nd jid	lgh
Division, State, and City	Diphtheria cases	Encephalitis, in- fectious, cases	Cases	Deaths	Measles cases	Meningitis, mening occoccus, cases	P n e u m o n deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough
WEST NORTH CENTRAL— continued												
Nebraska: Omaha Kansas:	0	0		0	37	1	1	. 0	4	0	0	
Wichita	0	0		0	3	0	3	0	1	0	0	3
Delaware:							_					
Wilmington	1	0		1	16	0	4	0	1	0	0	
Raltimore	1	0		0	622	1	7	0	8	0	0	2
Cumberland Frederick	3 0	0		0		0	0	0	6 0	0	0	
District of Columbia: Washington	0	0		0	138	0	7	0	0	0	0	3
Virginia: Lynchburg	0	0		0	2	0	0	0	0	0	0	1
Richmond	0	0		0	3	1	1	1]	1	0	0	
West Virginia:	0	0		0	1	0	0	0	0	0	0	
Charleston	0	0		0	34 5	0	0	0	0	0	0	
North Carolina:	0	0		0	-	0	0	0	0	0	0	1
Raleigh Wilmington	0	0		0		0	ō i	0	0	0	Ŏ	
Winston-Salem South Carolina:	0	0		0	7	0	3	0	o.	0	0	2
CharlestonGeorgia:	1	0	5	0	1	1	0	0	1	0	0	5
Atlanta	0	0		0	6	0	3	1	7	0	1	
Brunswick Savannah	0	0		0		0	0	0	0 2	0	0	2
Florida: Tampa	0	0		0	4	o	o	1	0	0	0	3
EAST SOUTH CENTRAL				-	-		-	-		- 1	- 1	-
Tennessee:							_					
Memphis Nashville	C	1 0		1 0	25 5	0	7 2	0	0	0	0	10 2
Alabama: Birmingham	0	0		0	5	0	2	0	0	0	0	4
Mobile	ŏ	ŏ		ŏ		ŏ	õ	ŏ	ŏ	ŏ	ŏ.	
WEST SOUTH CENTRAL	ı	ĺ	l			!	- 1		}			
Arkansas: Little Rock	0	0		0	6	0	5	0	1	0	0	1
Louisiana: New Orleans	0	0	2	1	3	1	6	3	1	0	2	4
Shreveport	ŏ	ŏ		ο	ŏ	ō	8	ŏ	ō	ŏ	õ .	
Oklahoma: Oklahoma City	0	0		0	11	0	3	0	0	0	1 .	
Texas: Dallas	1	0	1	1	68	0	1	0	3	0	0 .	
Galveston	0	0		0	4	0	3	0	0	0	0	1
San Antonio	ō	ŏ į		ŏ	5	ŏ	5	0	i	ŏ	ŏ	
MOUNTAIN	- 1								- 1			
Montana: Billings	0	0		0		0	1	0	0	0	0 -	
Great Falls Helena Missoula	0	Ö		0		ŏ	1 0	ŏ	ŏ	ŏ	ŏ .	1
Missoula	ŏ	ŏ.		ŏ .		ŏ	ŏ	ŏ	ő	ŏ	0 -	2
Colorado: Denver	1	0	2	0	76	0	6	0	6	0	0	8
Pueblo Utah:	1	0 -		0	116	0	1	0	2	0	0 -	
Salt Lake City	0	0		0	187	0	0	1	0	0	0	2

City reports for week ended May 29, 1948—Continued

	cases	is, in-	Influ	lenza	S	me- cus,	n i a	litis	ever	cases	and	cough
Division, State, and City	Diphtheria o	Encephalitis, fectious, cas	Cases	Deaths	Measles cases	Meningitis, meningococcus, cases	Pneumo	Poliomyel cases	Scarlet fe	Smallpox ca	Typhoid a paratyph fever cases	Whooping co
PACIFIC												
Washington:												
Seattle	.0	0		0		1	5 2	0	8	0	0	3
Spokane California:	0	0		0	16	0	2	0	2	0	0	
Los Angeles	1	0	3	2	392	0	6	4	20	0	0	3
Sacramento	0	Ō		0	16	Ö	1	Õ	1	Õ	Ō	3
San Francisco	3	1		0	150	0	1 3	0	7	0	0	3 3 6
Total	39	9	21	7	7, 067	25	279	24	649	0	10	218
Corresponding week, 1947 1	48		40	8	2, 604		256		627		15	960
A verage 1943-47 1	59		37	2 11	34, 169		2 275		1, 137	ŏ	14	698

¹ Exclusive of Oklahoma City.

Rates (annual basis) per 100,000 population, by geographic groups, for the 87 cities in the preceding table (latest available estimated population, 34,388,400)

	Diphtheria case rates	Encephalitis, in- fectious, case rates	Case rates	Death rates	Measles case rates	Meningitis, meningococcus, case	Pneumonia death rates	Poliomyelitis case rates	Scarlet fever case rates	Smallpox case rates	Tyhpoid and paratyphoid fever case rates	Whooping cough case rates
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	10. 5 5. 1 0. 0 18. 5 11. 4 0. 0 5. 1 16. 5 6. 6	0.0 1.4 2.4 0.0 0.0 5.9 0.0 0.0 1.6	0.0 2.3 0.0 6.2 8.2 0.0 7.6 16.5 4.9	0.5 0.0 0.0 1.6 5.9 5.1	1, 134 1, 264 1, 047 530 1, 371 207 246 3, 131 944	2.6 4.2 4.9 4.1 4.9 0.0 2.5 0.0 1.6	73. 2 37. 5 32. 8 41. 2 40. 9 64. 9 86. 4 74. 3 28. 0	0. 0 0. 5 0. 6 0. 0 4. 9 0. 0 35. 6 8. 3 6. 6	340 98 128 37 42 6 18 66 62	0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0	0.0 1.9 0.0 0.0 1.6 11.8 7.6 0.0	63 25 27 56 31 94 15 107 25
Total	5. 9	1.4	3. 2	1.1	1,075	3.8	42. 4	3.6	99	0.0	1.5	331

Dysentery, amebic.—Cases: New York 14; Detroit 11; Memphis 9; New Orleans 7; Los Angeles 1. Dysentery, bacillary.—Cases: Worcester 2; New York 3; Philadelphia 1; Chicago 4; Los Angeles 2. Dysentery unspecified.—Cases: San Antonio 134. Typhus feer.—Cases: New Orleans 2.

PLAGUE INFECTION IN CATRON AND RIO ARRIBA COUNTIES, NEW MEXICO

Under date of June 3, plague infection was reported proved in tissue and pools of fleas from rodents taken in Catron and Rio Arriba Counties, New Mexico, as follows:

 ² 3-year average, 1945-47.
 ³ 5-year median, 1943-47.

Catron County.—A pool of 29 fleas from 8 spotted ground squirrels, Citellus spilosoma major, taken May 14 on State Highway No. 12, 10 miles southwest of Datil.

Rio Arriba County.—In tissue and pools of fleas from prairie dogs, Cynomys gunnisoni gunnisoni, as follows: A pool of 35 fleas from 14 prairie dogs taken May 17, 10 miles west of Chama on a ranch near U. S. Highway No. 84; in tissue and a pool of 34 fleas from 1 prairie dog taken May 24, on a ranch 13 miles west of Parkview on State Highway No. 95; in tissue and a pool of 21 fleas from 1 prairie dog found dead on a ranch 9 miles west of Parkview on State Highway No. 95; in tissue and a pool of 5 fleas from 1 sick prairie dog also taken at the last named location.

TERRITORIES AND POSSESSIONS

Panama Canal Zone

Notifiable diseases—April 1948.—During the month of April 1948, certain notifiable diseases were reported in the Panama Canal Zone and terminal cities as follows:

					Resi	dence 1				
Disease	Pana	ma City	С	olon	Cana	al Zone	Zon	side the ne and minal ities	Т	otal
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Chickenpox Diphtheria Dysentery:	5 2		2	1	5 1		7		17 5	1
Amebic	1 1				2		3 1 2		4 3 2 8	
Malaria 2 Measles Mumps	2 7		1		7 3		89 11 1	1	99 21 1	1
Pneumonia Poliomyelitis Tuberculosis Typhoid fever		19		6	15 1 2			3	3 15 1 3 2	12 28
Yaws					1				i	

¹ If place of infection is known, cases are so listed instead of by residence.

² 4 recurrent cases. ³ In the Canal Zone only.

FOREIGN REPORTS

CANADA

Provinces—Communicable diseases—Week ended May 15, 1948.— During the week ended May 15, 1948, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Bruns- wick	Que- bec	On- tario	Mani- toba	Sas- katch- ewan	Alber- ta	British Colum- bia	Total
Chickenpox			1	239 9	396 5 1	77	20 1	20	154	978 15
German measles				101	10		2	10	18	141 37
Influenza		13 6	1	546	10 1, 045	13 18	5	65	212	1,898
cus			1		2					_ 3
Mumps Poliomyelitis		3	1	332	228 2	56	70	54	11	755 2
Scarlet fever			3	61	75	7		3	6	155
Tuberculosis (all forms) Typhoid and paraty-		3	11	114	45	40	5	2	70	290
phoid fever				13	1		1			15
Undulant fever Venereal diseases:					1			2	2	5
Gonorrhea		7	8	159	78	39	20	26	62	399
Syphilis		5	5	59	48	5	8	5	9	144
Whooping cough		15		51	13	1	6	47	· 2	135

WORLD DISTRIBUTION OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

From consular reports, international health organizations, medical officers of the Public Health Service, and other sources. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

(Cases)

Note.—Since many of the figures in the following tables are from weekly reports, the accumulated totals are for approximate dates.

	January- April	April	May 1948—week ended—						
Place	March 1948	1948	1	8	15	22	29		
AFRICA Egypt	1								
Cairo	1								
BurmaRangoon	2		2 2			3			
India	25, 400 2	12, 201	4,000	3, 264	1, 707				
AlleppeyCalcutta 1Cawnpore	2, 180 14	1,352	401 1	435	433	310			
Cocanada Colachel	2 12								
Cuddalore	12		l	١	l. 				

See footnotes at end of table.

CHOLERA—Continued

l'lace	January - April			May 1948—week ended—						
	March 1948	1948	1	8	15	22	29			
ASIA—continued										
India—continued	1						1			
Kilakarai	21				_	İ				
Lucknow	9	3	3	1	2	l				
Madras	18	11	1	1	3	6	-			
Nagpur	i	3	l							
Negapatam	16						 .			
New Delhi		1	1							
Tuticorin	16		I				-			
Vizagapatam	i i		1							
India (French):	-				1					
Chandernagor	17	4				l				
Karikal	300	-								
Pondicherry	59									
Indochina (French):										
Cambodia	803	169	l		2 48	3 18	l			
Cochinchina	171	273	12		2 48	3 29				
Chaudoc	1,5	2.0	1							
Cholon	5	16		8						
Giadinh	4	16		3						
Longxuven	7	10								
Mytho	19	22		9						
Rachgia	97	27		2						
	23	57	12	13	11	5				
Saigon	4 12	31	1.0	13	**					
Laos	112			-						
Tonkin			. 940	1 041	29	16				
Pakistan	8, 240	7, 139	1,349	1,941	29	2				
Chittagong	28	2	1 ,1			2				
Karachi				20	29	14				
Lahore	2	27	24	20	29	14				
Siam	31	5	1 1		1					
Syria	3									

PLAGUE

(Cases)

AFRICA Belgian Congo British East Africa: Kenya 15 1 (f)								
Belgian Congo. 2 1 6	AFRICA							İ
British East Africa: Kenya. 15		2	1 1			6		l
Kenya		-	_					
Tanganyika		15	1 1	l		1	1	
Madagascar 152 36 25 Tananarive 10 6				(1)	(1)	(1)	(1)	(1)
Tananarive			(') 26	1 (2)	()	2.5	()	1
Rhodesia, Northern						- 0		
Union of South Africa 2 35			, ,					
Burma	Rhodesia, Northern		1					
Burma 4402 50 6 3 Mandalay 13 3 1 Rangoon 311 61 1 1 China: 3 3 3 Chekiang Province 49 8 21 Kiangsi Province 16 31 21 Kwangtung Province 29 15 31 Yunnan Province 31 31 372 117 India 15,335 3,761 372 117 54 Indochina (French): 31 3 21 Annam 131 3 21 Cochinchina 23 17 31 Laos 2 17 31 Java 4 31 3 3 EUROPE 3 3 3 3	Union of South Africa	* 35	2					
Burma 4402 50 6 3 Mandalay 13 3 1 Rangoon 311 61 1 1 China: 3 3 3 Chekiang Province 49 8 21 Kiangsi Province 16 31 21 Kwangtung Province 29 15 31 Yunnan Province 31 31 372 117 India 15,335 3,761 372 117 54 Indochina (French): 31 3 21 Annam 131 3 21 Cochinchina 23 17 31 Laos 2 17 31 Java 4 31 3 3 EUROPE 3 3 3 3	ASTA							l
Mandalay 15		4 402	50	6	3	l		
Rangoon	Wandalaw			Ĭ				
Chima:				-	1	1		
Chekiang Province								
Wenchow			و ا	1	i		İ	
Fukien Province. 49 8 21								
Kiangsi Province								
Kwangtung Province 29 15			8					
Yunnan Province								
India	Kwangtung Province		15					
Indochina (French): Annam	Yunnan Province		l					
Indochina (French): Annam	India	15, 335	3, 761	372	117	54		
Annam 131 3 17 21 22 17 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Indochina (French):	1		ł		ŀ	İ	
Cochinchina 23 17	Annam	131	3			21		
Laos	Cochinchine	23	17		1	l 	l	
Java								
Pakistan 11								l
Siam								
EUROPE								
	Siam	99	3					
	EUROPE			l				
Portugal: Azores	Portugal: Azores	7	1	I			I <u></u>	l <u></u> .

See footnotes at end of table.

Includes imported cases.
 For the period May 1-10, 1948.
 For the period May 11-20, 1948.
 Deaths.
 Imported.

PLAGUE-Continued

Place	January- April	May 1948—week ended—						
	March 1948	1948	1	8	15	22	29	
SOUTH AMERICA Argentina: Buenos Aires Province Ecuador Chimborazo Province. Loja Province. Peru: Huacho Department Lima Department Venezuela: Aragua State	1 1 4	3	7					
Hawaii Territory: Plague-infected rats 7	5							

For the period Apr. 1-May 25, 1948, 73 cases of plague (not distributed by weeks) were reported in For the period Apr. 1 and 17 Tanganyika.

For the period May 1-10, 1948.

Includes 4 cases of pneumonic plague.

Includes imported cases.

Includes 4 imported cases.

SMALLPOX

(Cases)

(P=present)

	(P=p	oresent)					
AFRICA							
Algeria	112	40			1 13		
Angola	54	2					
Basutoland	3						
Belgian Congo	² 627	² 293	² 67				
British East Africa:		i	i	l		l	ļ
Kenya	65	20		1			
Nyasaland	1, 208	319	142	19			
Tanganyika	454	95		12			
Uganda	110	44	12				
Cameroon (French)	2	1					
Dahomey	182	15			12	3 20	
Egypt	207	125	4	13	17		
Eritrea	5	4					
French Equatorial Africa	10						
French Guinea	68	47			16		
French West Africa: Haute-Volta	282	93			1 15	3 7	
Gambia	19	5		1			
Gold Coast	437	230	38	21	10		
Ivory Coast	199	115			1 105	3 64	
Libya	77	152	6		3	14	
Mauritania	1					3 4	
Morocco (French)	13	3				• 4	
Mozambique	22	2					
Nigeria	316						
Niger Territory	220	25			19		
Rhodesia:			l			2	
Northern	4 103	(5)				Z	
Southern	190						
Senegal	3						
Sierra Leone	83	42					
Sudan (Anglo-Egyptian)	2 359	2 77	50	65	164		
Sudan (French)	14	2					
Swaziland		1					
Togo (British)	9				11		
Togo (French)	33	34			. 1		
Tunisia	465	32					
Union of South Africa	16	P		P			
ASIA			ا ا				
Arabia	6 2	3	2				
British North Borneo	1		105	100		52	
Burma	1, 310	579	135	100	14	52	
Ceylon	77		92	6 1 52	73	72	
China	2, 235	530	92	52	13	12	

See footnotes at end of table.

Includes 4 imported cases.
 Imported.
 Plague infection was also reported in Hawaii Territory, under date of Feb. 27, 1948, in a mass inoculation of tissue from 19 rats.

SMALLPOX—Continued

Place	January-	April		May 1948—week ended—						
	March 1948	1	8	15	22	29				
ASIA—continued IndiaIndia (French)	24, 745	11, 490	2, 731	2, 251	8 85	8 68				
India (French)	1, 572	222			1 196	3 165				
IranIraq	356 350	43 212	12 19	1 22	14	17				
Japan Lebanon	8 57	6	1							
Malay States (Federated)	318 30	26								
Pakistan	7, 420	940	8 37	8 11	8 12	8 17				
Palestine	8 391	43	2	15		1				
Straits SettlementsSyria	29	3 3	3	1 2	1 1	1				
Trans-Jordan	· 6	'								
EUROPE France	3									
Germany Portugal	3 51	8								
Spain	17	î								
Canary Islands	9									
NORTH AMERICA Guatemala	1									
Mexico	190	26		99						
SOUTH AMERICA	_									
ArgentinaBolivia	7 31									
BrazilChile	10	1 1		<u>1</u>	5					
Colombia	1, 897	10 119	10 18	10 15	10 18					
Ecuador Paraguay	² 1, 458	² 264 12 11			11 5					
Peru Trinidad	55	22			12 8					
Venezuela	12 1, 244	12 239	12 25		13 13 63	12 119				

For the period May 1-10, 1948.
 Includes alastrim.
 For the period May 11-20, 1948.
 For January-February 1948.
 During the period Mar. 1-Apr. 30, 1948, 74 deaths from smallpox were reported in Northern Rhodesia.
 Imported.
 Includes 6 imported cases.
 For ports only.
 For the period May 1-20, 1948.
 1948.
 10 For Cartagena only.
 Includes 6 imported cases.
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 Includes 6 imported cases.
 Includes 6 imported cases.
 Includes

TYPHUS FEVER*

[Cases]
(P=present)

AFRICA					l		
Algeria	91	32	I	4	1	l	l
Basutoland	5	l ĩ		-			
Belgian Congo	59	43	6				
British East Africa:	""	20	1				
	19	4	ı	i	l	l	
Kenya 1	58	105	29		2		
Egypt		105	5	;-			
Eritrea	15	Ð	1 5	1 1			
Gold Coast	2		<u>-</u> -				
Libya	74	103	7	14	17	12	
Morocco (French)		11					
Morocco (Spanish)	31	1					
Mozambique		2					
Nigeria	2						
Rhodesia (Southern)	1					l	1
Senegal	21						
Sierra Leone.	33	2 2					
Somalia	i	_					
Tunisia 1	230	159					
Union of South Africa 1	139	P	P	P	P		
Official of south whice	100	•		•	•		
			i				
ASIA	5						
Burma	39						
China 1		12					
Indochina (French)1	6	10				4	
Iran 1	51	- 20	3				
Iraq	51	28	15	11	5	1	
Japan	237	156	11 1				
See footnotes at end of table.							
DAG TOOTHOUGH ST GRO OF PROJECT							

TYPHUS FEVER-Continued

Place	January-	April		May 1948—week ended—				
	March 1948	1948	1	8	15	22	29	
ASIA—continued								
ManchuriaPakistan	5		5	16				
Palestine 1	12							
Philippine IslandsStraits Settlements 1	4	2	i	1				
Svria 1	13	2		4	8			
Trans-Jordan Turkey (see Turkey in Europe).	· 20	10	3	3		2		
EUROPE Bulgaria	346	198						
Czechoslovakia	5	190						
France		1						
Germany	4	. 1			1	1		
Great Britain: Island of Malta 2	8 47	8		3	1			
Hungary	48	8	2		2			
Italy 1	21	21			3 13			
Sicily 4 Netherlands	5 21							
Poland	90	40			2			
Rumania 1	19, 403	1.018						
Spain	1	1	<u>-</u> -					
Turkey Yugoslavia Yugoslavia	159 258	39 133	6 7	10 8	4	2		
NORTH AMERICA								
Costa Rica 2	1							
Cuba 2	8	1						
Guatemala	18 2	3						
Mexico !	253	32	1	2		1		
Panama Canal Zone	1							
Puerto Rico 2	8	2	1		3			
SOUTH AMERICA								
Bolivia	5 13	36					6 41	
Brazil	62 7 75	9	5	8 75				
Colombia	825			- 70	l			
Curação 3	11							
Ecuador ¹	120	50 12			9 24			
venezueia	28	12			- 24	'		
OCEANIA			_					
Australia 2	78	16	5					
Hawaii Territory New Caledonia	2	3						
110# Calcutalia	•					1		

^{*}Reports from some areas are probably murine type, while others probably include both murine and ouse-borne types.

1 Includes murine type.

2 Murine type.

2 For the period May 1-10, 1948.

4 For the period Dec. 1-31, 1947, 16 cases of typhus fever were reported in Sicily.

5 Includes 9 deaths reported as cases.

6 For the period May 1-24, 1948.

7 For the period May 1-24, 1948.

8 For the period Mar. 7-Mar. 6, 1948.

9 For the period Apr. 18-May 15, 1948.

YELLOW FEVER

[C indicates cases; D, deaths]

AFRICA Ivory Coast: Gagnao	1		 	 	
SOUTH AMERICA Colombia: Antioquia Department	5 1 2 7 3	••••	 		
	_				